



Central Region Mineral Resources Team

Request for Approval of Overtime/Comp Time/Hazard Pay

Employee note: All regular/overtime/comp time/hazard hours worked are to be reported for the entire pay period to the timekeeper by **Thursday at 8:00 a.m.** for electronic timesheet processing.

Name of Employee _____ Grade _____ Position Title _____
Location _____ City _____ State _____ Account Number **Required!**

Request for Approval of Overtime/Compensatory Time

Dates of Overtime

From: _____ To: _____

Maximum number of overtime hours per week: _____ Holiday Involved? Yes No

To be compensated by: (SM 370.550.1) Pay Compensatory Time

Employee signature for compensatory time _____

Reason or Justification: _____

Request for Hazard Duty Pay

Date(s) when hazardous duty will be performed

Clocktime (add a.m. or p.m.)

From: _____ To: _____

Maximum number of hazardous duty hours per week: _____

Brief description of hazardous duty to be performed: _____

Location of hazardous duty: _____

The hazardous duty described is covered in the Survey of the Office of Personnel Management schedule of hazardous duties, specifically: SM 370.550.9, Att. #1 "Low level flying" in remote/mountainous areas or over water.

Requested by: _____ Date _____
(employee)

Recommended by: _____ Date _____
(project chief / task chief)

Funds availability (OT / Haz Pay) by Admin: Yes No Initials _____ Date _____

Coleen Chaney, Admin. Officer, CRMRT _____ Date _____

Approved by: _____ Date _____

Distribution: Employee
C. Chaney

Servicing Personnel Office (Hazard Pay)
Timekeeper